

MIAMI-DADE COUNTY TAX DEED APPLICATIONS

Buyer Name: _____

Month/Year: _____

Mail Addr: _____

Contact(s): _____

Buyer #: _____ Ph: _____

Fax: _____

	Certificate Year/Number	Folio #	Include City Lien (IF ANY) YES or NO	Additional Taxes Due	Tax Deed Number (Office Use)
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	
6				\$	
7				\$	
8				\$	
9				\$	
10				\$	
11				\$	
12				\$	
13				\$	
14				\$	
15				\$	
16				\$	
17				\$	
18				\$	
19				\$	
20				\$	
21				\$	
22				\$	
23				\$	
24				\$	
25				\$	
TOTAL			\$		